

DEPARTMENT OF DEFENSE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES 4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799

	Date:
	NCE AND ACCOUNTING SERVICE - DAYTON S. CAROL MOSS, DFAS-DAYTON/AIYV
THROUGH: MR. JAMES WOL	FF, FINANCIAL SERVICES OFFICER, USUHS-FMG/FSO
SUBJECT: Request for Transfe	er of Expenses
1. Please transfer \$	of expenses which have been charged against
AREA/ORGN (budge	t period end-date:) but which are
properly related and charge	able to AREA/ORGN (budget period end-
date:).	
2. The reason for this trans [Provide adequate justification & either AREA/ORGN has expired please ex	sfer is: documentation of the requested transfer. If the budget period of a kplain why this transaction was not processed in a timely fashion.

Signature, Typed Name, and Title of Manager of Area/Orgn Being Relieved of Expense

3. If you need any additional information please call:

_____ at 295- ____.

Signature, Typed Name, and Title of Manager of Area/Orgn Being Charged